2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000005355

ARANIBAR, NORMA

1865 79 ST CSWY APT 7B

NORTH BAY VILLAGE, FL 33141

Name:

Address:

City-St-Zip:

Entity Name: FLORIDA SYSPRODUCTIONS, INC.

FILED May 05, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of	of Business:	
	ENNEDY CSV	VY			
STE 411 NORTH B	AY VILLAGE, I	FL 33141			
	lailing Addre		New Mailing Address		
Ourrent W	iaiiiig Addie	33.	New Maning Address	•	
1440 JF KE STE 411	ENNEDY CSV	VY			
	AY VILLAGE,	FL 33141			
FEI Number:	: 65-0806729	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
NORTH B	T CSWY # 7 E AY VILLAGE, I named entity e of Florida.	FL 33148 US	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent			ent	 Date	
		93(2)(b), F.S., the corporation did n ng Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	VALDIVIA, SOI 1865 S 79 ST		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VALDIVIA, JUA 1865 79 ST CS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VALDIVIA, JUA 1865 79 ST CS) Delete N ROSWALDO SWY APT 7B ILLAGE, FL 33141	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SVD (\ D-1-4-	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SONNIA VALDIVIA PTD 05/05/2009